## FORM D

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL						
OMB Number: SExpires: Octobe Estimated average behours per response:	ourden					

SEC USE ONLY

Serial

Prefix

UNIFORM	LIMITED OFFERING EXEMPTION	DATE RECEIVED
Name of Offering ( check if this is an amendmen Goldman Sachs Global Equity Long/Short II	at and name has changed, and indicate change.)  I, LLC: Units of Limited Liability Company I	nterests
Filing Under (Check box(es) that apply):   Ru	le 504 🔲 Rule 505 🗹 Rule 506 🗀	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☑ Amendme	ent	
	A. BASIC IDENTIFICATION DATA	SEC Mail Dronagging
1. Enter the information requested about the issue	r	<u> </u>
Name of Issuer ( check if this is an amendmen	it and name has changed, and indicate change.)	OCT 1 b com
Goldman Sachs Global Equity Long/Short II	I, LLC	1961 19 EDOM
Address of Executive Offices (Nun	nber and Street, City, State, Zip Code)	Telephone Number (including Area Code) (212) 902-1000 19101.
c/o Goldman Sachs Hedge Fund Strategies L 10004	LC, One New York Plaza, New York, NY	(212) 902-1866 32. 119101 1: 20
Address of Principal Business Operations (N (if different from Executive Offices)	umber and Street, City State 7:55ED	Telepho
Brief Description of Business	OCT 2 4 2008 &	
To operate as a private investment fund.	1000 7	08063096
	THOMSON RELITERS 1	
Type of Business Organization	IIIOMOOM KEELEN	
	☐ limited partnership, already formed☐ limited partnership, to be formed☐	<ul> <li>✓ other (please specify):</li> <li>Limited Liability Company</li> </ul>
🗀 business trust	infinited partnership, to be formed	Limited Liability Company
Actual or Estimated Date of Incorporation or Orga	Month Year nization: 0 4 0 4	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviati State: CN for Canada; FN for other foreign juri	
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
* Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or									
Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, NY 10004									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Hedge Fund Partners III, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director*   General and/or  *of the Issuer's Managing Member   Managing Partner									
Full Name (Last name first, if individual)									
Asali, Omar									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Barbetta, Jennifer									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director*  General and/or *of the Issuer's Managing Member  Managing Partner									
Full Name (Last name first, if individual)									
Ort, Peter									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)									

A. BASIC IDENTIFICATION DATA

			<u> </u>	B. IN	FORMAT	ION ABO	OUT OFFI	ERING				<del></del>
				27. 22.				<del></del>	···		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							****************		$\mathbf{Z}$			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									\$ 1,000,000*			
	naging Mer he offering										Yes ☑	No
4. Enter	the informa	tion reques	ted for eac	h person w	ho has bec	n or will b	e paid or g	iven, direct	ly or indire	ectly, any		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state									offering. th a state			
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										s of such		
	(Last name	<u> </u>				-						
			,									
	, Sachs & C or Residence		Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Ne	w York 100	004								
	Associated E											
	Which Perso										[2] A	ll States
•	All States"			Í	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	<b>&amp;</b> A (HI)	[ID]
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name					. ,		. ,				
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						<u>.                                    </u>
Name of A	Associated E	Broker or Do	aler									
					•							
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "	All States"	or check ind	lividual Stat	es)			• • • • • • • • • • • • • • • • • • • •				🗆 AI	I States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
i dii ivanic	(Last Hame	, 1113t, 11 111 <b>u</b>	ividuai)									
Business of	or Residence	Address (1	Number and	Street, Cit	v. State. Zip	Code)						
		<b>,</b>		,	,, ,	,						
Name of A	Associated E	roker or De	aler									
<u> </u>	1/1 · · · ·	4	2 "		0 !! : =							
	Vhich Perso All States" o											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	ſIJŢ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price	Α	mount Already Sold
	Debt	\$_	0	\$	0
	Equity (Limited Liability Company Units)	\$	0	\$	0
	□ Common □ Preferred				•
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	_		\$	0
	Other (Specify) Units of Limited Liability Company Interests	\$	172,156,994	\$	172,156,994
	Total			\$	172,156,994
	Answer also in Appendix, Column 3, if filing under ULOE.	_		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	[	Aggregate  Oollar Amount  of Purchases
	Accredited Investors	_	76	\$	172,156,994
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security	I	Pollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of e securities in this offering. Exclude amounts relating solely to organization expenses of e issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$ 	0
	Printing and Engraving Costs			\$ 	0
	Legal Fees		☑	\$	108,380
	Accounting Fees			\$	0
	Engineering Fees.		0	\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		Ø	\$	108,380

	<u></u>						
C. OFFERING PRICE,	NUMBER OF INVESTORS, EXP	ENS	ES A	AND USE OF P	ROCE	<u>EDS</u>	
<ul> <li>b. Enter the difference between the aggre- Question 1 and total expenses furnished difference is the "adjusted gross proceeds total".</li> </ul>	\$_		172,048,614				
<ol> <li>Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box payments listed must equal the adjusted gr to Part C - Question 4.b. above.</li> </ol>	If the amount for any purpose is not less the left of the estimate. The total	of th	n, ne				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ □	\$_	0
Purchase of real estate			\$_	0	_ 🗆	\$_	0
Purchase, rental or leasing and installation	of machinery and equipment		\$_	0		\$_	0
Construction or leasing of plant buildings	and facilities		\$_	0		\$_	0
Acquisition of other businesses (including this offering that may be used in excha another issuer pursuant to a merger)	nge for the assets or securities of	0	\$	0		\$	0
Repayment of indebtedness			s -	0		\$	0
Working capital			s -	0		\$	0
Other (specify): Investment Capital			\$	0	- 2	\$	172,048,614
Column Totals			\$_	0	- ☑	\$_	172,048,614
Total Payments Listed (column totals adde	d)			Ø \$	172,0	048,6	14
	D. FEDERAL SIGNATUR	RE					
The issuer has duly caused this notice to be following signature constitutes an undertakin of its staff, the information furnished by the is	g by the issuer to furnish to the U.S. Se	curiti	es an	d Exchange Comn	nission,	ирол	written request
ssuer (Print or Type) Goldman Sachs Global Equity Long/Short II, LLC	Signature			Date October 15, 200	08	•	
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Cathryn Pruess	Vice President of the Issuer's Manage	ging !	Mem	her			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

**END**